

FEC FORM 2
STATEMENT OF CANDIDACY

HAND DELIVERED

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FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2017 JUN 22 PM 1:55

1. (a) Name of Candidate (in full) ROBERT BRUCE RACKLEFF		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 502-D Hillcrest St.		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Tallahassee, FL 32308		
4. Party Affiliation Democrat	5. Office Sought U.S. House	6. State & District of Candidate Florida - District 2

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Bob Rackleff Campaign Committee
(b) Address (number and street) 502-D Hillcrest St.
(c) City, State, and ZIP Code Tallahassee, FL 32308

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Robert Bruce Rackleff	Date 22 June 2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
 (3/2015)

MP

6/22/2017
 DATE PREPARED

2017-06-22 09:00:00 AM